

Pressures and their Relation to the Psychological Rigidity among Breast Cancer Patients	العنوان:
مجلة العلوم التربوية والنفسية	المصدر:
المركز القومي للبحوث غزة	الناشر:
المصري، أناس رمضان إبراهيم	المؤلف الرئيسي:
مج 4, ع 41	المجلد/العدد:
نعم	محكمة:
2020	التاريخ الميلادي:
نوفمبر	الشهر:
157 - 185	الصفحات:
1101478	رقم MD:
بحوث ومقالات	نوع المحتوى:
English	اللغة:
EduSearch	قواعد المعلومات:
علم النفس الاجتماعي، الاضطرابات النفسية، الصلابة النفسية، سرطان الثدي	مواضيع:
http://search.mandumah.com/Record/1101478	رابط:

Pressures and Their Relation to the Psychological Rigidity Among Breast Cancer Patients

Anas Ramadan Al-Masri

Faculty of Educational Sciences || Jadar University || Jordan

Abstract: The Current study aims at recognizing the relation between the health, family, social, economic and psychological pressures and their relation to psychological rigidity among breast cancer patients. The researcher follows descriptive and explanatory approaches to explain this relationship. Research sample consists of 150 women affected by breast cancer; and researcher used the scale of breast cancer patients' pressures (prepared by Hijazi, 2012), as well as the scale of psychological rigidity (prepared by Mukhaimer, 1997). Results indicated having negative correlation between the overall rigidity aspect and the health, family, social, economic and psychological pressures. Study also indicated having health, psychological and social pressures affecting breast cancer patients, having differences of statistical significance in family and psychological pressures refer in the marital status variable to married women, while having lack of differences of statistical significance in health, social and economic pressures refer to the children variable. Results also indicated that women affected by breast cancer have psychological rigidity, having negative correlation between the aspects of commitment and control, and the health, family, social, economic, psychological, having correlation between the aspect of control and the health and economic pressures, having negative correlation between the aspect of challenge and the family, social, economic, psychological, having differences of statistical significance in control referring to the marital status variable for the married women and having differences of statistical significance in control, challenge, commitment referring to the number of children variable.

Keywords: Pressures, (Health – family – social – economic – psychological) pressures, psychological rigidity, breast cancer patients.

الضغوط وعلاقتها بالصلابة النفسية لدى المصابات بسرطان الثدي

اناس رمضان المصري

كلية العلوم التربوية || جامعة جدارا || الأردن

الملخص: هدفت الدراسة الحالية إلى معرفة العلاقة بين الضغوط (الصحية- الأسرية – الاجتماعية – الاقتصادية – النفسية) وعلاقتها بالصلابة النفسية لدى المصابات بسرطان الثدي؛ استخدمت الباحثة المنهج الوصفي والتفسيري؛ لتفسير هذه العلاقة. تكونت عينة البحث من (150) امرأة مصابة بسرطان الثدي. استخدمت الباحثة مقياس الضغوط التي تعاني منها المرأة المصابة بسرطان الثدي (اعداد حجازي، 2012). كما تم الاستعانة بمقياس الصلابة النفسية (اعداد مخيمر، 1997). أشارت النتائج لوجود علاقة ارتباطية سالبة بين بعد الصلابة ككل والضغوط الصحية، الأسرية، الاجتماعية، الاقتصادية، النفسية، الضغوط ككل؛ ووجود فروق ذات دلالة إحصائية في الضغوط الأسرية، النفسية تعود لمتغير الحالة الاجتماعية لصالح المتزوجات. كما أشارت النتائج إلى أن المرأة المصابة بسرطان الثدي تمتلك صلابة نفسية؛ وإلى وجود علاقة ارتباطية سالبة بين بعد الالتزام وبعد التحكم والضغوط الصحية، الأسرية، الاجتماعية، الاقتصادية، النفسية، الضغوط ككل؛ ووجود علاقة ارتباطية بين بعد التحكم والضغوط الصحية، الاقتصادية. ووجود

علاقة ارتباطية سالبة بين بعد التحدي والضغط الأسرية، الاجتماعية، الاقتصادية، النفسية، الضغوط ككل؛ وعدم وجود علاقة ارتباطية بين بعد التحدي والضغط الصحية. وعدم وجود فروق ذات دلالة إحصائية في الالتزام، التحدي، الصلابة (الدرجة الكلية) تعود لمتغير الحالة الاجتماعية؛ ووجود فروق ذات دلالة إحصائية في التحكم تعود لمتغير الحالة الاجتماعية لصالح المتزوجات؛ ووجود فروق ذات دلالة إحصائية في التحكم، التحدي، الالتزام، الصلابة (الدرجة الكلية) تعود لمتغير عدد الأبناء.

الكلمات المفتاحية: الضغوط، الضغوط (الصحية- الأسرية- الاجتماعية- الاقتصادية - النفسية)، الصلابة النفسية، المصائب بسرطان الثدي.

Introduction

The breast cancer disease is considered the disease of this epoch and one of the most significant female concerns of all time, it is actually a common concern of all women around the world and the most spread cancer diseases among women. It is the main reason of deaths caused by cancer among women and rates indicate increase in the percentage of being affected by 5% annually, which indicates hazardous situation and that led the World Health Organization to set it on its agenda in 2005 and invite for cooperating to enhance efforts for breast cancer support programs in order to decrease rate of deaths and improve quality of patient's life (Khoja, 2006). When any woman discovers that she is suffering from breast malignant tumor she will also discover two dangerous information; the first is that she might need to undergo operation for removing malignant tumor and to receive chemotherapy, and the second is that any treatment might prevent her from maternity (Anderson; Kiecolt-Glaser & Glaser, 1994). Pregnancy and sterility are considered of psychological strain sources for the woman affected by cancer, usually patients are prevented from getting pregnant because of pregnancy impact on disease progress or recurrence, risks of surgery, chemotherapy and radiation on embryo, avoiding breastfeeding because of cancer treatment including surgery or radiation in breasts, impact of treatment on fertility in the future and causing sterility. Cancer treatments might cause menstrual cycle suspension and this is considered as source of concern and psychological strain among the affected women (Neifert, 1992; Schover, 2000). Breast cancer and its treatment have impact on women sexual desire and how she looks at her body; whereas the report written by (Renneker & Cutler, 1952) about the psychological issues of compliance with breast cancer indicated that losing breasts is considered as a huge shock for women because of affecting her femininity and that the deformation resulting from surgery might have impact on the self-esteem of the patient. Several women mentioned facing sexual difficulties after removal surgery that are related to their concern with regards to their body (Morris; Geer & White, 1997). After diagnosis and treatment; women affected by breast cancer suffer from a state of confusion and concern of the information aspect related to their illness situation; such as the treatment cost, requested medical procedures, assistive services such as physical therapy and prosthetics, travelling for getting treatment, taking care of children, domestic works, in addition to the financial burdens resulting from losing job and worrying about such matters and needs and the method of obtaining the related information in order to solve them; which is all affecting women affected by breast cancer and their wellness (National Breast

Cancer Centre,2003). The cost of hospital, doctor, treatment, examination and transportation ; especially when the patient's residence is far from the treatment center, forms a huge burden to the patient and leads to several psychological and social pressures as well as more deterioration in her health situation (Koocher,1986). The importance of psychological rigidity appears in its potential for protecting human from several physical and psychological issues that lead to undesired results especially if the individual was suffering from a severe disease, life pressures or struggles. Several studies were conducted for indicating that psychological rigidity is considered as the connection between human physical and psychological health situation (Mukhaimer, 1997). Psychological rigidity has an important and effective role in helping individual to survive with the potential to accommodate with life requirements, pressuring conditions and diseases of any degree along with the role in changing irrational ideas affecting individual when being under the impact of a specific disease or disorder and the psychological reflections affecting individual in addition to the important and significant role in strengthening individual determination and living as other sound persons with reactions indicating acceptance (Al-Azzam, 2014). Psychological rigidity helps facing events effectively while affecting methods of confrontation of the individual indirectly through affecting social support, while leading persons to following healthy practices for facing pressures; such as sports and participating in healthy beneficial matters (Hamada & Abdellateef, 2002). Here emerged the need for studying relation between (health, family, social, economic and psychological) pressures and psychological rigidity among a sample of women affected by breast cancer.

Study Problem

Women affected by cancer in general and women affected by breast cancer in particular suffer from pressures; whereas she feels concern and fear especially when recognizing that the methods of treatment include ablation of breasts which is considered an important organ of women's body, or even undergoing chemotherapy that gradually affects her look, which generates the feeling of fear and defect from confronting the surrounding community (Hijazi & Abu Ghali, 2010). Women being affected by breast cancer results in facing several pressures whether in her relation with her husband, children, family or friends and companions, in addition to psychological and economic pressures that obstruct her social and psychological compliance and adaptation as desired, whereas she some times becomes incapable of fulfilling her duties as requested while not being able to fulfill her duties towards husband and children along with the other responsibilities. The way of living also requires specific restrictions related to the quality of food and drinks along with other restrictions on practicing activities and hobbies and using particular types of treatment, whereas they feel being socially isolated with reduced self-confidence with no strength while being the source of attention for all other people (Mahmoud, 2009). Pressures represent relation between individual and environment, and when an individual recognizes that his potentials are adequate for dealing with environment requirements, as after spending a lot of efforts he feels a medium

level of pressure, while when he recognizes that his potentials are not adequate for fulfilling environment needs then he feels a lot of pressures (Khalifa & Issa, 2008). When an individual feels pressures he becomes under stress and strain and tries some defense means for reducing such pressures, while in case of failing then some emotional symptoms such as concern, stress, frustration and quick-stimulation, and physical symptoms such as headache, loss of appetite, high blood pressure, increase in heart rate, reduced individual performance, decision-making difficulty, aggressiveness and continuous absence from work (Othman, 2001). Psychological rigidity forms barrier preventing individual from being affected by psychological and physical diseases related to pressures; as the individual of rigid personality deals seriously and effectively with pressures and tends to be optimistic and directly deals with sources of pressure, thus may transform pressure situations into less-threatening situations and becomes less susceptible to the negative impacts related to pressures (Lai & Lenenko, 2007). Psychological rigidity is positively correlated to the ego, self-esteem, self-potential and optimism, while being positively correlated to the effective confrontation methods; such as focusing on problem or loosing for constructive support, while being negatively correlated with the ineffective confrontation methods; such as avoidance, while having strong relation between control, commitment and challenge, as personal components related to psychological rigidity and pressure resistance (Porter, 1998). Through the induction of the previous research heritage in the field of pressures and Psychological Rigidity; researcher found that there are some studies discussing this study's variables along with others; including: Abdollahi; Panahipour; Hosseinian & Allen (2019) study results indicate that hardiness is a buffer in the link between perceived stress and hope for women with breast cancer. These findings demonstrate the importance of hardiness in reducing the effects of perceived stress on hope and have clinical implications for health professionals. Results of Salah (2019) study indicated revealed significant statistical differences for psychological hardiness were observed with variations in age, social status and disease duration, but not in terms of educational statues and income. The results of Attoun (2018) study revealed significant statistical differences in psychological pressure among the patients due to educational levels marital status and age. Tadayon; Dabirizaeh; Zerea; Behroozi & Haghighizadeh (2018) study findings showed there is a significant relationship between resiliency and hardiness with depression in women with breast cancer. The results study of Bahrami, & Mohamadirizi (2018) showed that most of the breast cancer patients had moderate to high hardiness and optimism, so healthcare providers can use these personality properties in their care planning to improve coping strategies. Also, the findings of this study can assist healthcare team in order to pay more attention to coping strategies in cancer patients during their treatment and also considering the relationship of these issues in their evaluations. Results study of Aflakseir; Nowroozi; Mollazadeh & Goodarzi (2016) indicated that the majority of patients with cancer experienced posttraumatic growth. Findings also showed that psychological hardiness, marital satisfaction and longer time since diagnosis of cancer significantly predicted posttraumatic growth. Conclusions: This study highlights the significant role of psychological

hardiness and marital support in personal growth of breast cancer survivors. Qaddouri study (2015) results indicates that a sample of women diagnosed of breast cancer face psychological pressures that are sequenced as follows: emotional pressures, health pressures, friends' pressures, family pressures, children pressures, husband pressures, economic pressures. Results of Al-Damer study (2014) indicated having positive correlation of statistical significance at the level of 0.01 between the total psychological rigidity degree and total social support degree among females receiving treatment and undergoing ablation. Study also indicated having material differences between the females receiving treatment and undergoing ablation in the total psychological rigidity degree at the level of 0.05 for the favor of females receiving treatment. Results of Mahmoud study (2009) indicated having differences of significance psychological pressures towards older patients and in the education variable towards the younger patients on educational level, Results of Thabet study (2008) indicated that Jordanian women affected by breast cancer in early stages after undergoing surgery and during treatment stages are generally described of not suffering from any psychological pressures, while patients of forty years old or less feel higher degree of psychological pressures compared to patients of higher age, while patients holding diploma degree suffer from higher psychological pressures compared to other educational categories, and patients treated for one year or less suffer from higher psychological pressures compared to the others spending shorter period. Through the provided overview of study dilemma that included increase in the number of women affected by breast cancer in the last decades in the Hashemite Kingdom of Jordan and the increase in surviving women thanks to the treatment and medical development; women affected by breast cancer are coexisting with their illness and suffer from psychological, social and physical pressures and difficulties related to the diseases and that affects cancer recurrence or increases the risk of death upon deterioration; and that's where the significance of this study appears for recognizing the related between (health, family, social, economic and psychological) pressures and psychological rigidity with the aspects of (commitment, control and challenge) among women affected by breast cancer.

Study Hypotheses

- 1- There is relation of statistical significance between pressures and psychological rigidity among women affected by breast cancer
- 2- Women affected by breast cancer have (health, family, social, economic and psychological) pressures
- 3- Women affected by cancer have psychological rigidity
- 4- There are differences of statistical significance referring to the following demographic variables: (marital status and number of children) among women affected by breast cancer
- 5- There are differences of statistical significance in psychological rigidity referring to the following demographic variables: (marital status and number of children) among women affected by breast cancer

Study Significance

Study significance appears through the following:

- 1- This study may be considered as addition to the field of psychology in general and health psychology in particular
- 2- This study provides a practical model that draws the attention of people in the Ministry of Health for setting plans and programs helping patients in improving their compliance with breast cancer
- 3- This study may benefit several bodies, including: persons concerned of this field of higher studies and scientific research students, people working in the field of women health in the different institutions, people working in the field of elementary healthcare.

Study Methodology:

This study aims to reveal the relationship between pressures and psychological rigidity among breast cancer patients, and about the relational structure that distinguishes the nature of the relationship between pressures and psychological rigidity. Therefore, the current study will rely on descriptive and explanatory approaches to explain this relationship.

Study population:

consists of women affected by breast cancer with ages ranging between 20 and 70 years and who are aware of being diagnosed of breast cancer. Since the researcher cannot restrict community for reasons exceeding her well and because of not having body to depend on; the study is restricted to King Hussein Cancer Center, whereas the total women diagnosed with breast cancer and referred to the Center during 2018 / 2019 reached (1157) patient.

Study sample:

the sample was selected from research community with total number of 150 female breast cancer patients, and sample was obtained through the intentional method. Table 1 is the descriptive analysis of research sample. Table 1 indicates that the percentage of 73.3% of total study sample is married and 26.7% of the total study samples are not married. The table also indicates that 53.3% of the total study samples have 1 to 5 children and 20% of total study sample do not have children while 26.7% of total study sample have 6 to 10 children.

Table (1) Distribution of sample individuals according to demographic variables

Variables	Variable	Frequency	Percentage
Marital status	Unmarried	40	26.7
	Married	110	73.3
	Total	150	100.0
Number of children	None	30	20.0

Variables	Variable	Frequency	Percentage
	From 1 to 5	80	53.3
	6 or more	40	26.7
	Total	150	100.0

Study Tools

For checking correct research hypotheses; the following tools were used: the scale of pressures affecting women diagnosed of breast cancer (prepared by Nadia Hijazi, 2012) and the psychological rigidity scale test (prepared by Emad Mukhaimer, 1997).

Pressure Scales

Scale description: scale is prepared by (Nadia Hijazi, 2012) and was applied to the Egyptian environment in some of the Tumor Clinics in Al-Fayoum and Cairo to an intended sample of women affected by breast cancer and visiting the clinic repeatedly, with scale objective being recognizing the pressures affecting women diagnosed of breast cancer. Scale consists of 50 phrases phrased in simplified Arabic that sample can understand, while response to phrases was determined as having three levels for each one as follows: agree=3, somehow agree=2, disagree=1, whereas the first choice has three degrees, second choice has two degrees and the third choice has one degree. Total mark of scale is 150, intermediate mark is 100 and low mark is 50. The scale contains five subscales that occur as a result of the crises of women being affected by breast cancer, which are: health pressures that affect women diagnosed of breast cancer such as the physiological and chemical changes occurring in body and diseases, family pressures: that affect women diagnosed of breast cancer such as family conflicts, disputes, separation, divorce and children, social pressures: that affect women diagnosed of breast cancer according to the varied relations into social ones, number of children, environmental and family situation in which the individual is living, social pressures also include isolation, child abuse and behavioral violations. Economic pressures: that affects women diagnosed of breast cancer such as the reduced income and high unemployment rates. Psychological pressures: that affects women diagnosed of breast cancer such as concern, depression and pathological fears.

Credibility of Pressures' Scale

Credibility of internal consistency: means the extent of consistency of each scale subscale with the total scale mark. Researcher calculated the internal consistency of subscales through calculating the correlation coefficient between each of the subscales and total mark of the same scale as clarified in the table 2. From the table 2 it is clear that all terms mentioned in the questionnaire contribute in increasing its stability. Table 2 indicates that all correlation coefficients between questionnaire terms and the aspect total mark and grand total after subtracting the term degree have significance at the level 0.05; thus

researcher checked research scale credibility, which makes her totally confident about scale credibility and suitability for analyzing results and replying to research questions while selecting hypotheses.

Table (2) Credibility of internal consistency in the scale of pressures affecting women suffering from breast cancer

Item	Correlation coefficient	Item	Correlation coefficient	Item	Correlation coefficient	Item	Correlation coefficient	Item	Correlation coefficient
Subscale (health pressures)		Subscale (family pressures)		Subscale (social pressures)		Subscale (economic pressures)		Subscale (psychological pressures)	
1	0.559*	11	0.471*	21	0.622*	31	0.795*	41	0.589*
2	0.483*	12	0.610*	22	0.742*	32	0.771*	42	0.734*
3	0.559*	13	0.483*	23	0.787*	33	0.788*	43	0.717*
4	0.479*	14	0.541*	24	0.625*	34	0.842*	44	0.730*
5	0.509*	15	0.519*	25	0.676*	35	0.818*	45	0.465*
6	0.598*	16	0.615*	26	0.706*	36	0.716*	46	0.631*
7	0.599*	17	0.690*	27	0.779*	37	0.588*	47	0.631*
8	0.428*	18	0.590*	28	0.652*	38	0.844*	48	0.771*
9	0.428*	19	0.535*	29	0.747*	39	0.823*	49	0.447*
10	0.259*	20	0.636*	30	0.524*	40	0.823*	50	0.754*

*Statistical significance at level of 0.05

Scale stability: was checked through using Alpha Cronbach Coefficient. The scale has good stability coefficient whereas the Alpha Cronbach Coefficient of the scale reached 0.953, which is high.

Psychological Rigidity Scale

Scale Description: scale is prepared by Emad Mukhaimer (1997) with the objective of recognizing psychological rigidity among women affected by breast cancer. The psychological rigidity scale consists of 47 phrases that focus on the aspects of psychological rigidity. Responses include three levels (always – occasionally - never) and degree varies between three and one; (always =3, occasionally = 2, never = 1). The total varies between 47 and 141 degrees, whereas the higher degrees indicate increase in respondent recognition of his psychological rigidity in three aspects, which are: commitment: type of psychological agreement in which the individual commits towards himself, his objectives, values and others. This subscale consists of 16 phrases, whereas the higher degree in this subscale indicate that individual is more committed towards himself, his objectives and others, while indicating extent of individual belief that he can control events and bear personal responsibility for what happens to him. Control includes the following: potential of taking decisions and choosing from various options, cognitive control: potential of explaining and estimating the pressurizing events alongwith effective confrontation and spending effort for accomplishment and challenge, challenge: individual's belief that any change affecting his life is

important for growth more than being a threat, which helps in taking initiatives, discovering environment and recognizing the social and psychological resources that help individual face pressures effectively. This aspect consists of 16 phrases, whereas the higher degree indicates individual belief that any change occurring to his life is important for growth more than being a threat, which helps in taking initiative and challenge.

Psychological Rigidity Scale Credibility

Credibility of internal consistency: internal consistency means the extent of consistency of each subscale on scale along with the total degree. Researcher calculated the internal consistency of scale subscale through calculating correlation coefficients between each of the scale subscales and total scale degree as indicated in table 3 below. As indicated in table 3 above; most terms forming scale contribute in increase scale stability. All correlation coefficients between terms of scale and the total degree in addition to the total degree after subtracting term degree have significance at the level 0.05 and 0.01.

Table (3) Credibility of internal consistency of the psychological rigidity scale

Item	Correlation coefficient	Item	Correlation coefficient	Item	Correlation coefficient
Sub-scale (commitment)		Sub-scale (control)		Sub-scale (challenge)	
1	0.335*	2	0.186*	3	0.544*
4	0.328*	5	0.095	6	0.272*
7	0.308*	8	0.262*	9	0.330*
10	0.588*	11	0.085	12	0.406*
13	0.605**	14	0.276*	15	0.490*
16	0.308*	17	0.314*	18	-0.163
19	0.514*	20	-0.104	21	0.113*
22	0.453*	23	-0.094	24	0.374*
25	0.359*	26	0.442	27	0.374*
28	0.012	29	0.221*	30	0.332*
31	0.558*	32	0.239*	33	0.505*
34	0.349*	35	0.049	36	0.180*
37	0.461*	38	0.157*	39	0.112*
43	0.597*	41	0.406*	42	0.041
40	0.442*	44	0.391*	45	0.361*
46	0.143*			47	0.176*

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Psychological rigidity scale stability: scale stability was checked through Alpha Cronbach coefficient method; it is clear that the scale has good stability coefficient; whereas Alpha Cronbach coefficient of scale reached 0.861 which is high.

Theoretical Framework

Pressures

The subject of pressures and their impact on modern living occupied a prominent space in the psychological studies and researches, and even some researchers call this epoch as the “psychological pressure epoch”, and this is because of living in an epoch that is full of political conflicts, economic problems, social and cultural changes in addition to the environmental obstacles and interfering personality, which prevents fulfilling biological and psychological needs of the individual, without forgetting the technological developments and the resulting increase in competition among human for keeping pace with the change and development. This may all increase rates of concern and stress thus increasing the burden upon human, to become the victim of various psychological and emotional disorders which are the starting point of several problems affecting individual (Awad, 2001).

Scientists have different definitions for pressure; as (Monata & Lazarus, 1985) indicated having mixed points of view about the definition of pressure; whereas some considered as stimulating while others considered it as response and the third cluster considered it as interactive relation between stimulation and response, while a new cluster tried to eliminate confusion by defining the concept of pressure, source of pressure and individual reaction to pressure. Within the definitions considering psychological pressure as response is the one of Selye, which defines pressures as: “the non-gender-specific response to any stimulant and the involuntary method of body response through mental and physical alertness to any stimulant” (Askar, 2003). With regards to the definitions considering pressure as stimulant, emerges the one provided by (Blocher, 1984) of considering pressure as a threat that faces fulfilling a main need, and that any new adventure might stimulate pressure to a specific extent, while considering pressures as not harming rather than leading to new acceptable behaviors, but being susceptible to pressures for a long time or not being able to control them might make them psychologically and physically devastating. The best representation of the interactive model between the stimulant and response is the definition of pressure by Cocks & Macay: “a phenomenon that is emerging from the individual comparison between the requirements and potential of confronting them; as when there is imbalance between the important defense mechanisms, i.e. surrender to reality, the pressure takes place and its responses appear, and the individual attempts for facing pressure in both psychological and physiological states that include emotional and psychological tricks indicates occurrence of pressure” (Al-Rashidi 1999).

Psychological pressures appear in different types according to the different pressurizing situations, while response differ depending on the nature of the pressurizing situation, adversity of pressure or the individual differences in responding to psychological pressures (Block, Yulei, Ding, & Ayanian, 2009). Owais (2003) indicates having two types of psychological pressures: the severe pressure,

which is a state in which pressure appears and eliminates quickly but it is severe, most pressures are sudden and temporary such as policeman stopping a person driving his car on high speed. Chronic pressure: which is a state in which the pressure does not clearly and severely appear rather than continuing for long times that might extend for weeks, months or years. Chronic pressures are permanent and continuous in individual's life; such as the continuous disputes among spouses or working with an ill-tempered manager, and this kind of pressure causes several diseases and disorders, since the individual will be living with such situation and its impacts on mental and physical aspects for a long term, accordingly he will be in a state of stimulation that is exceeding the normal rate for a relatively long period. While Schafer, 1996 indicated that psychological pressure is divided into three forms: the expected pressure: which is the response to an expected pressure thus the body and mind is previously prepared for change or sudden change to the best or the worse. Current pressure: that is emerging and accumulating during the experience of pressure, as the body is severely stimulated, such as the severe alertness during discussion. Residual pressure: that accumulates or remains after ending psychological pressure experience or situation, whereas the body remains in a state of alertness for some time after ending pressure situation because of the severe stimulation whether pleasant or non-pleasant, which has impacts on the individual. Al-Dahadhah (2010) indicated four resources of pressure: environment such as the weather, pollution and noise, physiological factors: such as diseases, bad nutrition and different growth periods, sleep disorders, stomachache and concern resulting from social and environmental threats and urgent changes. Social pressures: such as dates, financial problems, losing relatives and friends, time requirements and benefitting from it.

Symptoms of psychological pressure may be classified into behavioral, emotional, cognitive and physical ones as indicated by Rice (1999). Behavioral symptoms include isolation, avoidance of friends and family, severe and violent emotional discharge, coercive behaviors such as addiction, change in sleep habits, ignoring responsibilities, crying provocation, and not participating in family and social activities. Emotional symptoms: such as concern, depression, pessimism, and other symptoms that include denial, fear, feeling of losing control and lack of security. Cognitive symptoms: include losing motivation, weak concentration and thinking, pessimism, losing hope, confusion in cognitive operations such as organization, planning and problem-solving, incompetence of decision-making and nonobjective thinking, avoidance of stimulants and concern-causing situations. Physical symptoms: nervous exhaustion and physical weakness causing weak immunological system, hand shaking, backache, migraine, stomachache, muscular stress represented in cramps and quivering, high heart rate, high blood pressure, high breathing rate, brygma, ulcer, cancer and heart strokes. Shaheen (2005) indicates that women affected by breast cancer, pass through stages of fear, including: fear of the unknown, fear of the destiny, which continues with the patient since the first stage of crisis, fear of loneliness: as in the cancer crisis stage the patient is dominated with the extreme thoughts of being left by some people, fear of losing

family, friends and personal close relations, fear of losing body potentials; since the patient always thinks in her physical potential and in this stage she pays attention to phenomena related to her body and needs to recognize what are the issues might be affecting her, fear of suffering and pain; which is related to loneliness and fear of the unknown.

Scientists expressed different points of view for finding the most efficient theories for explaining pressures; such as:

Cannon Theory: Walter Cannon is considered one of the main leaders in pressure researches, and he defined pressure as: "body reactions in cases of emergency" and indicated the concept of confrontation of escape response that might be chosen by individual once becoming susceptible to the painful situations in the environment, and such response is considered as adaptive; since it enables individual of quickly responding to threat, but it might be hurtful to the individual because it increases level of emotional and physiological performance when being susceptible to continuous pressures without being able to confront and escape them. The neurological sympathetic system and endocrine system is activated, which leads to physiological changes making the person ready for confronting threat or escaping. Cannon considers human as provided with a mechanism that is contributing in maintaining a state of balance; i.e. body potential of confronting occurring changes and tendency to returning back to the previous physiological situation before pressure; thus any environmental requirement affects balance in case the body failed to deal with it, and result into illness (Askar, 2003).

Hans Selye Theory: Selye according to his specialization was affected by explaining pressure physiologically. His theory is stemming from the axiom that considers pressure as dependent variable and comes as response to a pressurizing factor that distinguishes person according to his response to the pressurizing environment, and that there is a specific response that may indicate a person being under the impact of irritating impact, whereas Selye considers the symptoms of physiological response to pressure as international and aim at maintaining body and life. Selye determined three phases of defense against pressure, and considers them as representing the phases of general adaptation, which are: Alert phase: in which the body shows changes and responses when the individual recognizes the threat he is facing; such as increase in breathing rate, increase in sugar and fat levels in blood cycle and muscular stiffness in order to prepare the body for confrontation, and these changes are recognized as general stimulation. Resistance phase: occurring when the body transforms from general resistance to specific biological organs that are capable of confronting source of threat, and such body changes vanish in the first phase in order to have other changes indicating adaptation, Exhaustion phase: the phase of continuing resistance in case of continuous threat while exhausting the necessary energy, and in case the defense response is severe and continuous then it might result in death in some cases (Al-Tahrawi 2008).

Theory of rigidity and pressure resistance: this theory appeared by Kobasa as reply to the research of life events, which stipulate that human surrenders to any event in his life and pressure is a bad change,

whether chosen or not, and must be avoided, while people pass by periods of disorder. Kobasa posed the following question: Then who will remain well? What are the features of persons rejecting pressure? Through the study done by Kobasa, whereas her researches in the relation between level of pressure and being affected by diseases continued for three years, and she used the expression of psychological rigidity for describing persons who can bear pressure without being affected by disease. She noticed that rigid people are different from the others in three aspects: self-commitment, actual desire of engaging in the issues they are doing instead of isolation or quick surrender; as they love what they do and confront what they need to face. In addition to control; the potential of controlling their lives including enhancement or punishment, as their control center is internal and lies in feeling and behavior, they consider that luck does not have a role in their lives rather than good things happen because of their own acts. Challenge; whereas change is normal in their lives and is a motivation for personal growth without considering it as a threat. Kobasa divided pressure into two groups: the group of high pressure and low disease; whose persons are characterized of self-discipline and considering life as a series of acceptable changes and engaging in the surrounding, and the group of high pressure and high disease, whose persons are characterized of self-alienation, lack of liveliness and meaningless life (Al-Masri 2007).

Psychological Rigidity

The beginning of psychological rigidity expression refers to Kobasa; whereas she set the base for the expression of rigidity through several conducted studies, as she noticed that some people have the potential for adapting and overcoming obstacles although of being subject to a lot of diseases and pressures in their lives, and that's why she focused her attention to sound individuals who feel their value and have the potential of self-actualization, they also have the potential of overcoming different pressures. Kobasa also derived the concept of psychological rigidity through being affected by the existential philosophy intellect that considers human as in continuous happening state (Maddi, 2004). Kobasa concluded that psychological rigidity represents a group of personal traits that fulfills a specific act for confronting life hard events facing individual, and come as definitive belief in individual's potential for using all psychological and environmental available resources and potentials in order to soundly recognize life events to be objectively and rationally explained in order to positive coexist with them (Kobasa, 1979). Each individual has potential to show any of the psychological rigidity levels; whereas the high or low level of that aspect depends on the nature of situation, and the reason mostly refers to the difference in the extent of individual recognizing events and conditions facing him, and the huge role of that in affecting his expertise with the reflections to physical and psychological health; thus psychological rigidity is considered a stored power in each individual and is also considered as an acquired changeable power (Abbas, 2010).

Kobasa (1979) defines psychological rigidity as: "a group of traits represented in the individual's general belief in his effectiveness and potential of using all available psychological and environmental resources in order to effectively recognize life pressuring hard events in an unprofessional or deformed matter objectively and rationally in order to positively coexist with them, and it includes three aspects, which are: commitment, control and challenge". Funk, 1992 defines psychological rigidity as "a general trait in personally that is formed and developed by the various environmental (enhanced) expertise surrounding individual since childhood".

Psychological rigidity contains three main important aspects; whereas it clarified the concept of psychological rigidity and the traits of a person described of rigidity. Such aspects include commitment, control and challenge; or what Kobasa calls the 3C. Aspects will be detailed as follows:

Commitment: Commitment, which is considered an important aspect from the preventive aspect compared to the other ones; since it is the source of resisting pressures affecting individual, whereas the absence of such aspect prevents individual from being capable to confront diseases and psychological disorders (Al-Abdali, 2012). Commitment is considered as the individual's method for self-recognition and determining objectives and values with the potential of bearing responsibility, and also indicate individual's definitive belief in the value of work accomplished and its benefit to him/her and to others (Shuqair, 2002). Commitment represents individual's potential of recognizing objectives, values and potentials that enable him of making decisions in order to enhance his internal balance, and this appears in self-commitment and in the objectives he is seeking to achieve in addition to paying attention to the surrounding people, whereas the person characterized of commitment has high potential of merging with the upcoming events more than others (Abbas 2010). Person described of commitment has continuous desire to participate with the others and avoid negativity and isolation, which leads to having better meaning of life with an adaptive insight that recognizes the different events and disorders (Majdi, 2007).

Control: which is defined as: "individual belief in controlling the upcoming events and bearing personal responsibility for life events while having potential for taking decisions and choosing between variants while explaining and estimating events along with effective confrontation" (Mukhaimer, 1997). Kobasa (1979) indicated the concept of control as the individual's potential of controlling the surrounding events and potential of bearing responsibility; whereas recognizing control is represented in the individual's fee of his role in affecting the surrounding various conditions; thus the individual is capable to control his feelings and behaviors against life various situations instead of surrendering, isolation and incompetence of confrontation, including the potential of facing diseases, events and disorders with the potential of emotional adaptation. Control is also considered as individual insight of his potential for controlling and expecting life different events and experiences, representing the results of acts committed, as it represents the individual's belief of expecting life hard events with the potential of dealing and

controlling them. The person having strong tendency towards control is considered as if he tries and struggles then he might be able to affect the results occurring around him (Abbas, 2010).

Challenge: Maddi (2004) indicates that challenge represents in individual's considering change in life as a normal and positive thing instead of being a threat; as the individual having a strong tendency towards challenge thinks that life would be more achievable if learning and growth continues. Mukhaimer (1997) defines it as: "person's belief in that the changes occurring to his life aspects is an exciting thing that is important for growth more than being a threat, which helps in taking initiative, discovering environment and recognizing the pathological and psychological resources that help individual in confronting pressures effectively". Kobasa considers challenge as reducing the pathological and pressurizing factors on individual's sensational aspect, through considering life events as factors that motivate individual rather than threatening him, because they are considered as correct changes and attempts of self-change, which leads to developing them through flexibility and openness in dealing with diseases and pressures (Kobasa, 1984). Challenge is also represented in individual's potential of emotional adaptation with the life continuous pressuring events and accepting them as normal issues that exceed human potentials but must take place; such as being affecting in a specific disease. Potential of challenge makes human as described of growth and maturity in healthy adaptive methods away from the feelings of isolation and unreality (Al-Abdali, 2012). The individual distinguished of the potential for challenge considers continuously learning from negative and positive experiences as important and beneficial for development, and such persons consider life as easy while aspiring to enjoy permanent wellness, thus any change in their life events threatens their being (Maddi, 2004). The individual described of challenge considers life negative and positive events as motivations rather than being threats, and seeks to change and instability, which is normal and healthy for them (Long, 2005).

Results

Results of the first hypotheses: which stipulates the following: "there is a relation of statistical significance between pressures (total degree and subscales) and psychological rigidity (total degree and subscales) among women affected by breast cancer". In order to check hypotheses correctness; researcher used Pearson correlation coefficient and in table 4 she will indicate the correlation between pressures (total degree and subscales) and psychological rigidity (total degree and subscales) among women affected by breast cancer, along with the analysis and interpretation of results related to the first hypotheses.

Table 4 indicates that values of correlation between commitment and health, family, social, economic and psychological pressures which are less than the significance level 0.05; thus there is negative correlation between commitment and health, family, social, economic and psychological pressures. Table also indicates that value of correlation significance between control and family, social and

psychological pressures which are less than morale 0.05; thus there is negative correlation between the aspect of control and health, family, social, economic and psychological pressures. Values of correlation significance between control and health and economic pressures are as follows (0.054, 0.164) which are higher than significance level 0.05, thus there is no correlation between the aspect of control and health and economic pressures. Table indicates that values of correlation values between challenge and family, social, economic and psychological pressures which are less than significance 0.05, thus there is negative correlation between challenge and family, social, economic and psychological pressures. Values of correlation between the challenge subscale and health pressures were 0.117 which is higher than morale of 0.05, thus there is no correlation between the aspect of challenge and health pressures. While values of correlation between rigidity and health, family, social, economic and psychological pressures which are less than morale 0.05, thus there is negative correlation between rigidity and health, family, social, economic and psychological pressures. Accordingly; we may approve the first hypotheses indicating having correlation of statistical significance between pressures (total degree and subscales) and psychological rigidity (total degree and subscales) among women affected by breast cancer; i.e. whenever pressures increase the psychological rigidity decreases among women affected by breast cancer.

Table (4) correlation between pressures (total degree and subscales) and psychological rigidity (total degree and subscales) among women affected by breast cancer

Subscale	Statistical	Health	Family	Social	Economic	Psychological	Total pressures
Commitment	Pearson correlation coefficient	-0.312**	-0.311**	-0.424**	-0.251**	-0.490**	-0.465**
	Significance	0.000	0.000	0.000	0.002	0.000	0.000
	N	150	150	150	150	150	150
Control	Pearson correlation coefficient	-0.158	-0.179*	-0.247**	-0.114	-0.263**	-0.250**
	Significance	0.054	0.028	0.002	0.164	0.001	0.002
	N	150	150	150	150	150	150
Challenge	Pearson correlation coefficient	-0.128	-0.204*	-0.253**	-0.180*	-0.347**	-0.297**
	Significance	0.117	0.012	0.002	0.027	0.000	0.000
	N	150	150	150	150	150	150
Total psychological rigidity	Pearson correlation coefficient	-0.241**	-0.276**	-0.368**	-0.220**	-0.439**	-0.404**
	Significance	0.003	0.001	0.000	0.007	0.000	0.000
	N	150	150	150	150	150	150

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Results of the second hypotheses, which stipulates: "women affected by breast cancer face health, family, social, economic and psychological pressures". In order to test hypotheses correctness; One Sample T-Test was used for comparing averages of one sample degrees in the pressures' scale of its health, family, social, economic and psychological subscales. Researcher indicates in table 7 the results of One Sample T-Test for indicating differences between the averages of one sample degrees in the pressures' scale of its health, family, social, economic and psychological aspects, in order to indicate and analyze the second hypotheses results.

Table (5) One Sample T-test results for indicating differences between the average degrees of one sample in the pressures' scale with the aspects of health, family, social, economic and psychological pressures

No	Subscale	Mean	Standard deviation	Rank	Test results			
					T value	Degree of freedom	Significance	Result
1	Health	2.63	0.37	1	20.755	149	0.000**	Highly Significance
2	Family	2.02	0.54	5	0.548	149	0.585	Not Significance
3	Social	2.11	0.58	3	2.213	149	0.028*	Intermediate Significance
4	Economic	2.04	0.69	4	0.650	149	0.517	Not Significance
5	Psychological	2.13	0.58	2	2.776	149	0.006**	Highly Significance
	Total pressures	2.18	0.42		5.342	149	0.000**	Highly Significance

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Table 7 indicates the following: subscale no. 1 "health pressures" ranked as first with mean of 2.63, standard deviation of 0.37, t value is 20.755 and significance 0.00, which indicates that woman affected by breast cancer suffer from health pressures. Subscale no. 5 "psychological pressures" ranked as second with mean of 2.13, standard deviation of 0.58, t value is 2.776 and morale 0.006, which indicates that woman affected by breast cancer have psychological pressures. Subscale no. 3 "social pressures" ranked as third with mean of 2.11, standard deviation of 0.58, t value is 2.213 and morale 0.028, which indicates that woman affected by breast cancer have social pressures. Subscale no. 4 "economic pressures" ranked as fourth with mean of 2.04, standard deviation of 0.69, t value is 0.650 and significance 0.517, which indicates that woman affected by breast cancer have economic pressures. Aspect no. 2 "family pressures" ranked as fifth with mean of 2.02, standard deviation of 0.54, t value is 0.548 and significance 0.585, which indicates that woman affected by breast cancer does not have family pressures. With regards to pressures in general; mean is 2.18, standard deviation is 0.42, t value is 5.342 and significance 0.00, which indicates that woman affected by breast cancer have pressures. Thus we

partially approve the hypotheses that women affected by breast cancer have health, family, social, economic and psychological pressures.

This result seems to be logic; as after diagnosing cancer; patient becomes continuously worried about disease recurrence and fear of medical tests that might last for several years. Although concern is considered a normal response to life pressurizing events; some cases of concern affect social or occupational relations and health-related behavior. Problems accompanying concern are represented in physical alertness, sleep disorders, lack of concentration, incapability of making decisions, frustration and anger, avoiding cases and situations causing pain and repeated request for calming, whereas such responses hugely affect person job and family (Breitbart, 1995). The previous result indicates that pressures are sequenced according to their severity among women affected by breast cancer as follows: (health pressures, psychological pressures, social pressures, economic pressures, family pressures), which means that health pressures are the most affecting women diagnosed with breast cancer and this indicates that such women suffer from health burdens, while medical treatments of cancer have negative side effects that might cause pressure among cancer patients, including surgery, radiological treatment, chemotherapy, hormone treatment and immunological treatment, and the three first treatments are the most used and affecting ones (Andersen, et al., 1994). We notice that psychological pressures rank as the second, which means that such kind of pressures represent more burden upon women in addition to the other pressure types, especially those related to the disease, whereas it expresses women severe sensitivity because of feeling concern and stress when deteriorating any relations with others (husband, friends and children) which makes her feel weak and worthless and that leads to more emotions affecting her later on, especially when she is suffering from other pressures that she cannot face herself other than being affected by breast cancer. Social pressures rank indicating that social relations are important among women diagnosed with breast cancer, as they feel their value among others, which indicates important of social support among women, as without trusted social relations, women become susceptible to depression when facing severe adverse events and have more feelings towards them, and this dual impact represents the pattern of targeting other social pressures (Fayed, 1998). Additionally; social relations with friends might sometimes have negative aspect through women incapability of sharing some issues with their friends (visits and exchanging gifts) which might be resulting from being diagnosed with breast cancer and that makes them feel distress. Family pressures occupy fifth rank, which expresses increased responsibilities borne by women. "Family and children pressures" indicate that women suffering from breast cancer might have several burdens and responsibilities that make her feel distress and that leads to negligence in fulfilling family and children duties. We notice that economic pressures rank as fourth, which means that material aspect do not affect women despite being severe sometimes because of having available free treatment at the concerned bodies. The result of this research is compliant with the results of Qadouri study, which indicated that the nature of pressures affecting women diagnosed with breast

cancer may be sequenced according to severity as follows (emotional pressures, health pressures, friends' pressures, family pressures, children pressures, marriage pressures and economic pressures), and is also compliant with the study conducted by Lover, Eventual & Easterling, 2002 which indicates that breast cancer patients suffer from nausea, hair loss and exhaustion, as well as the study of Bryla, 1996, which indicated having relation between pressure and breast cancer development. But it is contradicting with the results of Thabet 2008 study, which indicated that Jordanian women affected by breast cancer, after undergoing surgery and during treatment are generally described of not suffering from psychological pressures.

Results of the Third hypotheses: which stipulates that: "women affected by breast cancer have psychological rigidity (total degree and subscales)". In order to test hypotheses correctness; One Sample T-Test was used for comparing averages of one sample degrees in the psychological rigidity scale (total degree and subscales). Researcher indicates in table 6 the results of One Sample T-Test for indicating differences between the averages of one sample degrees in the psychological rigidity scale (total degree and subscales), in order to indicate and analyze the third hypotheses results.

Table (6) One Sample T-Test results for indicating differences between the averages of one sample degrees in the psychological rigidity scale (total degree and subscales)

No	Subscale	Mean	Standard deviation	Rank	Test results			
					T value	Degree of freedom	Significance	Result
1	Commitment	2.36	0.34	1	12.94	149	0.00**	Highly Significance
2	Control	2.11	0.25	3	5.50	149	0.00**	Highly Significance
3	Challenge	2.15	0.29	2	6.28	149	0.00**	Highly Significance
	Overall rigidity	2.21	0.25		10.04	149	0.00*	Highly Significance

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Table 6 indicates the following: subscale no. 1 "commitment" ranked as first with mean of 2.36, standard deviation of 0.34, t value of 12.94 and significance 0.00, which indicates that women affected by breast cancer have commitment, subscale no. 2 "challenge" ranked as second with mean of 2.15, standard deviation of 0.29, t value of 6.28 and morale 0.00, which indicates that women affected by breast cancer have challenge, subscale no. 3 "control" ranked as third with mean of 2.11, standard deviation of 0.25, t value of 5.50 and significance 0.00, which indicates that women affected by breast cancer have control, while with regards to overall rigidity; it has mean of 2.21, standard deviation of 0.25, t value of 10.04 and morale 0.00, which indicates that women affected by breast cancer have psychological rigidity, thus the

hypotheses stipulating that women affected by breast cancer have psychological rigidity (total degree and subscales) is approved.

Results indicated that women affected by breast cancer have psychological rigidity (total degree and subscales), which clarifies the common cultural insight of woman affected by breast cancer in being weak and cannot face disease challenges, whereas this research indicated contrary result that is compatible with the guiding trend in considering hardships as additional expertise in life by helping to make individual's personality more mature. They also shed the light on the impact of personal factors in acquiring rigid psychological upon facing disease pressures. But this result call to looking for whether psychological rigidity is an absolute result of cancer disease with regards to the mature development caused to woman after passing by disease phase? Or whether woman previous rigidity motivates her for choosing positive adaptation of disease? Or the result of growth interaction of disease phase? Researcher consider this result as being connected to the enquiry about the method of women understanding of cancer and her orientation in general and towards cancer in particular, method of planning life in the future, how they consider life and meaning of life, death and its risk and spiritual status after being diagnosed of cancer. This result confirms that women affected by breast cancer have increased psychological rigidity and potential for facing and bearing pressures when they get support from family and people around, when they become the point of care and attention of others, when having good social relations with neighbors and friends, when getting advice from people around them whenever needed, when obtaining continuous encouragement and when finding people taking care of them morally and socially.

Fourth hypotheses results: which stipulates that: "there are differences of statistical significance in pressures (total degree and subscales) referred to the following demographic variables (marital status and number of children) among women affected by breast cancer . In order to check correctness of hypotheses; ANOVA test was used for comparing averages of study sample degrees in pressures' scale (total degree and subscales) referring to the following demographic variables (age, academic qualification and number of children). Independent T test was used for indicating statistical significance in the averages of study sample in pressures scale (total degree and subscales) referring to marital status among women affected by breast cancer. In tables 7-8-9 researcher will indicate and analyze results of the fourth hypotheses.

Table (7) Results of Independent T test for indicating differences between the averages of study sample degrees in the pressures' scale (total degree and subscales) in the study sample according to the marital status variable

subscale	Status	Mean	Standard deviation	T value	Degree of freedom	Potential value
Health	Unmarried	2.62	0.35	-0.16	148	0.87
	Married	2.63	0.38			

subscale	Status	Mean	Standard deviation	T value	Degree of freedom	Potential value
Family	Unmarried	1.81	0.46	-3.06	148	0.00**
	Married	2.10	0.54			
Social	Unmarried	2.03	0.55	-0.92	148	0.36
	Married	2.13	0.59			
Economic	Unmarried	2.14	0.69	1.13	148	0.26
	Married	2.00	0.69			
Psychological	Unmarried	2.13	0.61	-0.07	148	0.94
	Married	2.13	0.57			
Total pressures	Unmarried	2.15	0.34	-0.69	148	0.49
	Married	2.20	0.45			

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Table 7 indicates that significance values 0.87, 0.36, 0.26, 0.94 and 0.49 for health, social, economic, psychological and total pressures respectively are higher than morale of 0.05; thus we may say that there are no differences of statistical significance in health, social, economic, psychological and total pressures referring to the marital status variable. The table also indicates that significance value 0.00 of psychological pressures is less than significance 0.05; thus we may say that there are differences of statistical significances in family and psychological pressures referring to the marital status variable for the married, and their mean reached 2.10.

The explanation of that result refers to that the most important challenges and pressures facing married women diagnosed of breast cancer is the deformation resulting from surgery and treatment side effects that are related to body shape; such as losing an important part of femininity, like hair loss, weight loss or increase, lack of sexual desire, which all causes marital problems. Additionally; cancer treatment might prevent women from pregnancy whereas they become sterile because of early menopause, whereas pregnancy and sterility are considered as sources of pressure for women. Women affected by breast cancer in the age of forty mostly have young children who cannot depend on themselves and need care, while their mothers cannot take care of them because of being tired and having physical pains accompanying disease and treatment. Maybe one of the reasons for causing increase of pressures among women diagnosed of breast cancer is that they are employees and disease is affecting their financial income and economic situation of the family and might lose their jobs forever. Women affected by breast cancer have increased risks of pressures when having problems in marital or family relations as well as compliance with disease (Schover & Yetman, 1995).

Table (8) Results of One Way ANOVA test for indicating differences in the averages of study sample degrees in pressures' scale (total degree and subscales) in study sample according to the number of children variable

Subscale	Source of contest	Total boxes	Degree of freedom	Average boxes	F value	Significance
Health	Inter	0.41	2	0.20	1.50	0.23
	Intra	20.05	147	0.14		
	Total	20.46	149			
Family	Inter	4.51	2	2.25	8.63	0.00**
	Intra	38.39	147	0.26		
	Total	42.89	149			
Social	Inter	2.23	2	1.11	3.38	0.04*
	Intra	48.43	147	0.33		
	Total	50.66	149			
Economic	Inter	1.13	2	0.57	1.19	0.31
	Intra	70.08	147	0.48		
	Total	71.21	149			
Psychological	Inter	1.91	2	0.95	2.94	0.06
	Intra	47.61	147	0.32		
	Total	49.52	149			
Total pressures	Inter	1.29	2	0.65	3.73	0.03*
	Intra	25.49	147	0.17		
	Total	26.79	149			

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Table 8 indicates significance values of 0.23, 0.31 and 0.06 for health, economic and psychological pressures respectively, which are higher than morale of 0.05; thus we may say that there are no differences of statistical significance in health, social, economic and total degree of pressures referring to the number of children variable. Table 17 indicates significance value of 0.00, 0.04 and 0.03 for family, social and total pressures, which is less than significance of 0.05 as it is intermediate and high respectively. Thus we may say that there are differences of statistical significance in family, social and total pressures referring to the number of children variable.

Table (9) Results of Scheffe test according to the number of children variable

Subscale	Number of children	Mean	None	From 1 to 5	From 6 to 10
Family pressures	None	1.70			
	From 1 to 5	2.15	0.11**		
	6 or more	2.01	0.12**		
Social pressures	None	2.05			
	From 1 to 5	2.21			0.28**

Subscale	Number of children	Mean	None	From 1 to 5	From 6 to 10
	6 or more	1.93			
Pressures (total degree)	None	2.07			
	From 1 to 5	2.27	0.20**		0.18**
	6 or more	2.10			

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Table 9 indicates having significance differences in the sample individuals' responses of those not having children, and those having 1 to 5 children in family pressures for those having 1 to 5 children. Results also indicated differences between sample individuals' responses of those not having children and those having 6 or more children in family pressures for those having 6 or more children. Table 18 clarifies that there are differences in the sample individuals' responses of those having 1 to 5 children and those having 6 children or more in social pressures for those having 1 to 5 children. Table 14 indicates having differences in sample individuals' responses of those not having children and those having 1 to 5 children in pressures (total degree) for those having 1 to 5 children. Results also indicated having differences in sample individuals' responses between those having 1 to 5 children and those having 6 or more children in pressures (total degree) for those having 1 to 5 children.

This result may be explained from Abidien (1995) point of view as indicated that personal traits of children might be a source of pressure affecting women; such as: children incapability of adapting with family atmosphere, physical, mental and emotional features not compatible with parents' expectations, temper fluctuations among children without justifications, several claims without need, children suffering from lack of attention disorder accompanying hyper motion activity along with the lack of enhancement provided by children towards their parents especially the mother, which causes increased psychological pressures affecting mother. Women being affected by breast cancer incurs facing several pressures whether in the relation with husband, children, family and friends in addition to health, psychological and economic pressures restricting social and psychological adaptation as desired, whereas women become unable to fulfill their duties and comply with their responsibilities towards husband, children and others, while living requires restrictions related to the quality of foods and drinks, practicing hobbies and using specific types of treatment; while feeling social isolation, lack of confidence and power while being the source of attention (Mahmoud, 2009).

Results of the fifth hypotheses: which stipulates: "having differences of statistical significance in psychological rigidity (total degree and subscales) referred to the following demographic variables: (marital status and number of children) among women affected by breast cancer". In order to test correctness of hypotheses; NOVA test was used for comparing averages of study sample degrees in the presses' scale (total degree and subscales) referred to the demographic variables of age and number of children. Independent T Test was used for indicating statistical significance in the averages of study

sample in the pressures' scale (total degree and subscales) referring to the marital status among women affected by breast cancer. Researcher will provide tables 10 –11–12 for indicating and analyzing results of the fifth hypotheses.

Table (10) Results of Independent T test for indicating differences between the averages of study sample degrees in the pressures' scale (total degree and subscales) in the study sample according to the marital status variable

subscale	Status	Mean	Standard deviation	T value	Degree of freedom	Potential value
Commitment	Married	2.33	0.35	-0.56	148	0.57
	Unmarried	2.37	0.34			
Control	Married	2.04	0.29	-2.15	148	0.03*
	Unmarried	2.14	0.23			
Challenge	Married	2.10	0.35	-1.18	148	0.24
	Unmarried	2.16	0.26			
Overall rigidity	Married	2.16	0.29	-1.38	148	0.17
	Unmarried	2.23	0.24			

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Table 10 indicates significance values of 0.57, 0.24 and 0.17 for commitment, challenge and rigidity (total degree) respectively, which are higher than significance of 0.05; thus we may say that there are no differences of statistical significance in commitment, challenge and rigidity (total degree) referring to the marital status variable. Table 10 also indicates that significance value for control is 0.03, which is less than significance of 0.05 and this is a higher degree; thus we may say that there are differences of statistical significance in control referring to the marital status for the married women with mean of 2.14.

Table 11 indicates the significance values of 0.38, 0.59 and 0.08 for control, challenge and rigidity (total degree) which are higher than significance level of 0.05, thus we may say that there are differences of statistical significance in control, challenge and rigidity (total degree) referring to the number of children variable. Table 11 indicates that significance values 0.01 of commitment are less than significance level 0.05, thus we may say that there are differences of statistical significance in commitment referring to the number of children variable.

Table (11) Results of One-way ANOVA test for indicating differences between the averages of study sample degrees in the psychological rigidity scale (total degree and Subscales) in study sample according to the number of children variable

Subscale	Source of contest	Total boxes	Degree of freedom	Average boxes	F value	Significance
Commitment	Inter-groups	1.08	2	0.54	4.87	0.01
	Intra -groups	16.25	147	0.11		
	Total	17.33	149			
Control	Inter-groups	0.07	2	0.03	0.53	0.59

Subscale	Source of contest	Total boxes	Degree of freedom	Average boxes	F value	Significance
	Intra -groups	9.07	147	0.06		
	Total	9.13	149			
	Inter-groups	0.16	2	0.08	0.98	0.38
Challenge	Intra -groups	12.15	147	0.08		
	Total	12.31	149			
	Inter-groups	0.33	2	0.16	2.58	0.08
Overall rigidity	Intra -groups	9.30	147	0.06		
	Total	9.63	149			
	Inter-groups	0.33	2	0.16	2.58	0.08

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Table 12 indicates having differences in sample individuals' response of those not having children or having 1 to 5 children in commitment by those not having children, and there are differences in sample individuals' response having 6 or more children and those having 1 to 5 children in commitment by those having 6 or more children.

Table (12) results of Scheffe Test according to the number of children variant

Subscale	Number of children	Mean	None	From 1 to 5	6 or more
Commitment	None	2.44		0.16**	
	From 1 to 5	2.28			
	6 or more	2.46		0.18**	

*Statistical significance at level of 0.05

** Statistical significance at level 0.01

Study Recommendations

In light of the theoretical scope of research and results concluded, researcher provides the following recommendations:

- 1- Organize courses for raising community awareness of the risks of pressures affecting women affected by breast cancer
- 2- Conduct more studies and researches for checking the causality and predictive relation between the traits of emotional personality and being affected by cancer tumors
- 3- Train psychological and social specialists for working in clinics, hospitals and healthcare centers specialized in cancer diseases in order to provide social and psychological health services for patients to accept their new life and situation after being diagnosed with cancer.

References

- Abbas, M.(2010). Psychological Rigidity as Predictor of Reducing Psychological Pressures and Violent Behavior among Elementary Ggrade Teachers. *Faculty o Pedagogy Magazine*, 26(1)168-233.

- Abdollahi, A; Panahipour .H; Hosseinian . S; & Allen , K.A .(2019).The Effects of Perceived Stress on Hope in Women with Breast Cancer and the Role of Psychological Hardiness, *Psycho–oncology Journal of psychological social and behavior dimensions of cancer*, 28(7), 1477-1482.
- Abidin, R. (1995). *Parenting Stress Index: Professional Manual*. (3rd ed).Odessa F1: Psychological Assessment Resources Inc.
- Aflakseir ,A; Nowroozi , S; Mollazadeh , J.; & Goodarzi , M..(2016).The Role of Psychological Hardiness and Marital Satisfaction in Predicting Posttraumatic Growth in a Sample of Women With Breast Cancer in Isfahan. *Iranian Journal of cancer prevention*, 9(4):e4080,1-5.
- Al-Abdali,K.,(2012). Physical Rigidity and its Relation to the Methods of Facing Psychological Pressures among a sample of Secondary Grade Students of High and Regular Levels in Makka Al -Mokarrama, *Master's Thesis*, Faculty of Pedagogy, Um Al-Qura University, KSA.
- Al-Azzam, Z. (2014). Psychological Rigidity and Emotional Adaptation among Diabetics in Irbid Governorate. *Master's Thesis*, Al-Yarmouk University, Jordan.
- Al-Damer, N. (2014). Psychological Rigidity and Relation to Social Support among Women Affected by Breast Cancer in Riyadh. *Master's thesis*. Nayef Arab University or Security Sciences. Faculty of Administrative and Social Sciences , Psychology Department , KSA
- Al-Masri,A. (2007). Psychological Pressures and Social Support among Divorced Men and Women and Effectiveness of a Training Program for Dealing with Psychological Pressures. *PhD Thesis*. University of Jordan, Faculty of Higher Studies.
- Al-Rashidi, H.(1999). *Psychological Pressures, Nature and Theory – Program for Self-assistance in Treatment*. Cairo: Anglo-Egyptian
- Al-Shuqmani, M. (2006). *Life Events and Psychological Pressures and their Role in being Affected by Cancer Tumors*. Faculty of Arts, 6th October University. Libya
- Al-Tahrawi, J. (2008). Psychological Pressures and Methods of Dealing with them in the Holy Quran. *Research submitted to the First International Scientific Conference*. Faculty of the Fundamentals of Religion, Islamic University, Gaza.
- Andersen, B.L. Kiecolt –Glaser, J.K. & Glaser, R. (1994). A Bio Behavioral Model of Cancer, Stress, and Disease Course. *American Psychologist*, 49,(5), 389-404
- Askar, A. (2003). *Life Pressures and Methods of Confronting them*. 3rd edition, Cairo: Modern Book House.
- Attoun, O. (2018). Psychological Pressure and its Relation with Social Support among Breast Cancer Patients. *Master's Thesis*, Deanship of Graduate Studies Al-Quds University, Palestine.
- Awad, R. (2001). *Pressures of Adolescents and skills of Confrontation (Diagnosis and Treatment)*. Alexandria: Egyptian Renaissance Library.

- Bahrami, M & Mohamadirizi, S; (2018). Hardiness and Optimism in Women With Breast Cancer, *Iran J Nurs Midwifery Res.* 23(2), 105–110.
- Blocher, D.H. (1984). *The Professional Counselor*, New York: Macmillan Publishing company.
- Block, J; Yulei, Z; Ding, I; & Ayanian, J. (2009). Psychosocial Stress and Change in Weight among Adults. *Journals Oxford*, 170 (2). 181-192.
- Breitbart, W., (1995). Identifying Patients at Risk for, and Treatment of major Psychiatric Complications of Cancer Support. *Care cancer*. 3.45-60.
- Bryla, C.M. (1996). The Relationship Between Stress and the Development of Breast Cancer. *Oncology Nursing Forum*, 23 (3), 441-448.
- Fayed, H. (1998). Dynamic Role of Social Assistance in the Relation Between High Life Pressures and Depression Symptoms. *Psychological Studies Magazine*. 8 (2) Egyptian Coalition of Psychological Specialists, Cairo, Egypt.
- Hamada, L & Abdellateef, H. (2002). Psychological Rigidity and Desire for Control among University Students. *Psychological Studies Magazine*, 12(2), 229-272.
- Hijazi, G & Abu Ghali, E. (2010). Elderly Problems and their Relation to Psychological Rigidity, Field Study on a Number of Palestinian Elderly in Gaza. *Al-Najah Research University Magazine: Humanitarian Sciences*, 24(1), 109-156.
- Hijazi, N. (2012). The Pressures Experienced by Women with Breast Cancer and Visualization of a Proposal for a Realistic Treatment Approach in the Way the Wroup Services to Confront It, *Master's Thesis*, King Abdulaziz University - Jeddah.
- Khalifa, W & Issa, M. (2008). *Psychological pressures and mental retardation in light of cognitive psychology (concepts, theories and programs)*, Al-Wafa' Housing or Printing and Publication, Alexandria
- Khoja A. (2006). Breast Cancer and Diagnostic necessities, international campaign around the world in Breast Cancer Awareness Month. *Middle East–Arab International Newspaper*. 19 October, Edition 10187
- Kobasa, S.C. (1979). Stressful life event personality and health :An inquiry into hardiness. *Journal of personality and Social psychology*, 37 (3), 1-11.
- Kobasa, S.C., (1984). How Much Stress Can You Survive? *Journal of American Health*, 3 (2), 64-77.
- Koocher, G.P, (1986). Coping with a Death from Cancer. *Journal of Consulting and Clinical Psychology*, 54 (5), 623- 631.
- Lai, Daniel ,W. & Lenenko, L. (2007). Correlates of Living Alone among Single Elderly Chinese Immigrants in Canada, *International Journal of Aging and Human Development*, 65(2), 121-148.
- Long, S. (2005). Occupational Stress in Men and Women: a Comparative Study of Coping Resources. *Master Thesis*, Rend Afrikaans University: Johannesburg.

- Lover, R.; Eventual, H. & Easterling, D. (2002). Side and Emotional Distress During Cancer, *Chemotherapy Cancer*, 63(3), 604-612
- Maddi, S.R. (2004). The Role of Hardiness and Religiosity in Depression and Anger. *International Journal of Existential Psychology & Psychotherapy*, 1(1), 38-49.
- Mahmoud, M. (2009). Social Assistance and Relation to Psychological Pressures and Concern among Breast Cancer Patients. *Psychological Studies Magazine*, 19 (2), 261-311.
- Majdi, M. (2007). Building Psychological Rigidity Scale for Sports Teachers. *Psychological and pedagogic researches magazine*, 5(2), 69-111.
- Morris, T.; Greer, H.S. & White, P. (1997). Psychological and Social Adjustment to Mastectomy. A two Year Follow-Up Study. *American Cancer Society*, 40(5), 2381-2387.
- Mukhairmer, E. (1997). Psychological Rigidity and Social Assistance, Intermediate Variables in the Relation Between Pressures and Symptoms of Depression among University Youth. *Egyptian Psychological Studies Magazine*, 7 (17),
- National Breast Cancer Centre (2003). Clinical Practice Guide Lines for the Psychosocial Care of Adults with Cancer, *Endorsed April, NHMRC*, .16.
- Neifert, M. (1992). Breastfeeding After Breast Surgical Procedure or Breast Cancer . *Women Health Nurse* .3, 673- 682.
- Othman, F. (2001). *Concern and Managing Psychological Pressures*. Arab Intellect House, Cairo.
- Porter, L. (1998). Hardiness: it's Relationship to Stress in Graduate Nursing Students, *Dissertation Abstracts International*, 36(4), 1590.
- Qadouri, Y. (2015). Social Assistance and its Relation to Psychological Pressures among a Sample of Women Affected by Breast Cancer. *Al-Hikma for Pedagogic and Psychological Studies Magazine*, Konouz Al-Hikma Publishing and Distribution Establishment , Algeria, 31, 156-170.
- Renneker, R. & Cutler, M. (1952). Psychological Problems of Adjustment to Cancer of the Breast. *JAMA*; 148,833-838.
- Rice, P. (1999). *Stress and Health*. London, Brooks Cole.
- Salah, A. (2019). Social Support Impact and its Relation with Psychological Hardiness among a Sample of Patients with Breast Cancer in Ramallah and Al-Bireh Governate. *Master's Thesis*, Deanship of Graduate Studies Al-Quds University, Palestine.
- Schaefer, C. (1996). *Stress Management for Wellness*. U.S.A: Harcourt Brace College Publishers.
- Schover, L.R. & Yetman, R.J. (1995). Partial Mastectomy and Breast Reconstruction: A Comparison of their Effects on Psychosocial Adjustment, Body Image, and Sexuality. *Cancer*. 75,54-64
- Schover, L.R. (2000). Psychosocial Issues Associated with Cancer in Pregnancy. *Seminar- Oncology*. 27:p.699- 703.

- Shaheen, (2005). Social Assistance as Recognized by a Sample of Cancer Patients and its Relation to Some Temper and Cognitive Aspects. *Master's Thesis*. Faculty of Arts, Science and Pedagogy. Ain Shams University
- Shuqair, Z. (2002). *Psychometric diseases (psychological-physical)*. Cairo: Egyptian Renaissance Library.
- Tadayon. M; Dabirizaeh.S; Zerea.K; Behroozi. N; & Haghhighizadeh. M .(2018). Investigating the Relationship Between Psychological Hardiness and Resilience with Depression in Women with Breast Cancer, *Gulf Journal of oncology*,28,23-30
- Thabet, A. (2008). Psychological Pressures and Their Relation to Psychological Compliance of Women Affected by Early Breast Cancer in Jordan, *PhD Thesis*. Denmark, Arab Open Academy in Denmark, Psychological and Pedagogic Sciences Department.